MAXIMUS Federal Services

Case Number:	CM14-0155862		
Date Assigned:	09/25/2014	Date of Injury:	12/01/2004
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant was injured on 12/01/04. An MRI of the cervical spine is under review. He was seen on 02/10/14 and complained of a right shoulder injury. He also reported leg pain and groin pain with tingling. He had numbness on the back of his head and shoulders with muscle spasms of the back and neck. He reportedly had injured his shoulder and wanted further evaluation of his shoulder on 01/06/14. He was diagnosed with displacement of a cervical disc with neck pain. He also had brachial neuritis/radiculitis. He had a lumbar spine MRI. He reportedly had numerous complaints over time. He also had some psychiatric problems. He had a diagnosis of cervical strain with radiculopathy. On 08/29/14, there is a long list of office visits. He had a lot of fatigue, anxiety, and depression. On 09/11/14, he was seen for cardiovascular evaluation. There was no mention of a cervical spine problem. On 09/08/14, he circled his bilateral neck, arm, hand, shoulder, leg, knee, and foot. He reported right shoulder atrophy with neck pain tingling numbness and burning and he had complete right hand numbness and hand finger and leg pain and numbness. There was no atrophy of the shoulders noted. There was no significant change in his physical examination. He was diagnosed with facet syndrome and neck pain. He was emphatic that he wanted an MRI of his cervical spine but there was very little in the exam except axial loading caused pain. There was no atrophy and deep tendon reflexes were intact. An MRI was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the Cervical Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Neck & Upper Back: Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The history and documentation do not objectively support the request for an MRI of the cervical spine. The MTUS state "for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." In this case, there is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications targeting the cervical spine. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of the request for a cervical spine MRI has not been demonstrated; therefore, the request is not medically necessary.